

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2973AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/09/2009
NAME OF PROVIDER OR SUPPLIER JOYFUL SENIOR CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 5408 TOPAZ STREET LAS VEGAS, NV 89120		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 4/9/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received an annual survey grade of #.</p> <p>The facility is licensed for 10 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 10. Ten resident files were reviewed and 5 employee files were reviewed. One discharged resident file was reviewed.</p>	Y 000	<p><i>Acceptable POE</i> <i>Sheegold</i> <i>4/21/09</i></p> <p>RECEIVED APR 20 2009 BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA</p>	
Y 103 SS=F	<p>449.200(1)(d) Personnel File - NAC 441A</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p> <p>This RULE: is not met as evidenced by: Based on interview and record review on 4/9/09, the facility failed to ensure 3 of 5 caregivers complied with NAC 441A.375 regarding obtaining</p>	Y 103	<p>WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE?</p> <p><i>In order to become compliant with the regulation, Employee #2 have physical Examination done on April 14, 2009 by Dr.</i> <i>Employee #3 have physical examination done on April 14, 2009 by Dr.</i> <i>Employee #4 have physical examination done on April 15, 2009 by Dr.</i> <i>Employee #4 has 2-step TB test done on 2/19/09 and 3/3/09 at the</i></p>	

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature]

TITLE

Administrator

(X8) DATE

4/20/09

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Y 103	Continued From Page 1 a pre-employment physical (Employee #2, #3 and #4) and the facility failed to ensure that 1 of 5 caregivers complied with NAC 441A.375 regarding tuberculosis testing (Employee #4) for the protection of 10 of 10 residents (Resident #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10). Severity: 2 Scope: 3	Y 103	Office of Dr. _____ and the test were all negative. ATTACHMENT #1 (see continuation on separate paper)	
Y 105 SS=D	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This RULE: is not met as evidenced by: Based on interview and record review on 4/9/09, the facility failed to ensure 1 of 5 caregivers had current, at least once every 5 years, criminal history background checks completed (Employee #5). Severity: 2 Scope: 1	Y 105	HOW WILL YOU IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME PRACTICE AND WHAT ANTICIPATED CORRECTIVE ACTION WILL BE TAKEN? In order to become compliant with the regulation pertaining to personnel File (Background check), employee #5 has document of Background check on April 13, 2009 and was sent automatically to Nevada Department of Public Safety Criminal History Record Repository by fingerprint Proc. ATTACHMENT #2 (see continuation on separate paper)	
Y 859 SS=D	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a	Y 859	HOW WILL YOU IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME PRACTICE AND WHAT ANTICIPATED CORRECTIVE ACTION WILL BE TAKEN? RESIDENT #5: In order to become compliant with the regulation a copy of physician physical examination dated 12/08/06,	

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Y 859	Continued From Page 2 general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This RULE: is not met as evidenced by: Based on interview and record review on 4/9/09, the facility failed to ensure 2 of 10 residents received an annual physical (Resident #5 and #6). Severity: 2 Scope: 1	Y 859	10/17/07, 10/23/07 and 11/21/07. Copies of physical was furnished and completed on 4/17/09. Next physical examination 4/20/09. ATTACHMENT # 3 RESIDENT # 6: In order to become compliant with the regulation, Resident # 6 has physical examination on 5/4/08, 7/9/08, 12/4/08 and 4/16/09. Dr. visited Resident # 6 on April 3, 2009 but the physical examination documents was not available at the time of the survey. All documents were completed 4/17/09. ATTACHMENT # 4 (SEE CONTINUATION ON SEPARATE PAPER)	
Y 878 SS=F	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This RULE: is not met as evidenced by: Based on record review and interview on 4/9/09, the facility failed to ensure 6 of 10 residents	Y 878	WHAT CORRECTIVE ACTION WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: RESIDENT # 1: In order to become compliant with the regulation, After the survey the administrator of Joyful Senior Care called the VA office (Geriatric Dept.) and talk to PAC regarding the dosage of Resident # 1 Simvastatin 80 mg. She confirms that Resident # 1 has to take 1 tablet of Simvastatin instead of 1/2 as per medication list of Resident # 1. This was completed 4/9/09. ATTACHMENT # 5: (SEE CONTINUATION ON SEPARATE PAPER)	

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If continuation sheet 4 of 5

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Y 936	<p>Continued From Page 4</p> <p>facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This RULE: is not met as evidenced by: Based on record review on 4/9/09, the facility failed to ensure 1 of 10 residents complied with NAC 441A.380 regarding tuberculosis (Resident #4) which affected all residents.</p> <p>Severity: 2 Scope: 1</p>	Y 936	<p>with the regulation, an initial injection was given on 4/10/09 and was read 4/13/09 and the test was negative. The second injection will be given on 4/20/09.</p> <p>ATTACHMENT #12: (see separate paper)</p>		

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